

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213532562</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>RESTON INTERFAITH, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>ERIC A WELTER</b>  <b>1141 ELDEN STREET</b>  <b>SUITE 220</b></p> <p><b>HERNDON, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>2/28/2013</b></p> <p>SCC ID NO: <b>01248210</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 11150 SUNSET HILLS RD STE 210</p> <p style="text-align: center;">CITY/ST/ZIP: RESTON, VA 20190</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ALFRED GROFF  TITLE: DIRECTOR  ADDRESS: 885 CHINQUAPIN RD  CITY/ST/ZIP/CO: MCLEAN, VA 22102 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ALFRED GROFF TITLE: DIRECTOR ADDRESS: 885 CHINQUAPIN RD CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ALFRED GROFF TITLE: DIRECTOR ADDRESS: 885 CHINQUAPIN RD CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STUART RAKOFF  TITLE: CHAIRMAN  ADDRESS: 12025 NEW DOMINION PARKWAY  SUITE 302  CITY/ST/ZIP/CO: RESTON, VA 20190 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: STUART RAKOFF TITLE: CHAIRMAN ADDRESS: 12025 NEW DOMINION PARKWAY SUITE 302 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: STUART RAKOFF TITLE: CHAIRMAN ADDRESS: 12025 NEW DOMINION PARKWAY SUITE 302 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES T JUDGE  TITLE: DIRECTOR  ADDRESS: 11203 BRADBURY LANE  CITY/ST/ZIP/CO: RESTON, VA 20194-1311 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JAMES T JUDGE TITLE: DIRECTOR ADDRESS: 11203 BRADBURY LANE CITY/ST/ZIP/CO: RESTON, VA 20194-1311	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES T JUDGE TITLE: DIRECTOR ADDRESS: 11203 BRADBURY LANE CITY/ST/ZIP/CO: RESTON, VA 20194-1311	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KERRIE WILSON  TITLE: ASST SECRETARY  ADDRESS: 11150 SUNSET HILLS ROAD  SUITE 210  CITY/ST/ZIP/CO: RESTON, VA 20190 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: KERRIE WILSON TITLE: ASST SECRETARY ADDRESS: 11150 SUNSET HILLS ROAD SUITE 210 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KERRIE WILSON TITLE: ASST SECRETARY ADDRESS: 11150 SUNSET HILLS ROAD SUITE 210 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NANCY BURK  TITLE: DIRECTOR  ADDRESS: 918 MONROE STREET  CITY/ST/ZIP/CO: HERNDON, VA 20170 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: NANCY BURK TITLE: DIRECTOR ADDRESS: 918 MONROE STREET CITY/ST/ZIP/CO: HERNDON, VA 20170	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: NANCY BURK TITLE: DIRECTOR ADDRESS: 918 MONROE STREET CITY/ST/ZIP/CO: HERNDON, VA 20170	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	WILLIAM J BUSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12613 THUNDER CHASE DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	DAVID EHRHARDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2015 HOMER TERRACE		
CITY/ST/ZIP/CO:	RESTON, VA 20191-1342		
NAME:	GEORGIA GRAVES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	45064 UNDERWOOD LANE		
CITY/ST/ZIP/CO:	SUITE 100 DULLES, VA 20166		
NAME:	GAIL GREENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1385 NORTHGATE SQUARE		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	ESTHER JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1333 GRANT STREET		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	SUSAN JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11583 GREENWICH ROAD		
CITY/ST/ZIP/CO:	RESTON, VA 20194		
NAME:	SARA LEONARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10531 HUNTER STATION ROAD		
CITY/ST/ZIP/CO:	VIENNA, VA 22181		
NAME:	LINDA MALLISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1991 LOGAN MANOR DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	JILL NORCROSS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	11956 GREY SQUIRREL LANE		
CITY/ST/ZIP/CO:	RESTON, VA 20194		
NAME:	STUART PATZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	46175 WESTLAKE DRIVE		
CITY/ST/ZIP/CO:	SUITE 400 POTOMAC FALLS, VA 20165		
NAME:	KARYN SANDELMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11046 THRUSH RIDGE ROAD		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA SCHIPPER SECRETARY 1645 BENTANA WAY RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVOOD SEDAGHATFAR DIRECTOR 1577 INLET COURT RESTON, VA 20170	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCIS STEINBAUER DIRECTOR 2501 FOWLERS LANE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES VOLLMER DIRECTOR 12804 WREXHAM RD. OAK HIL, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON FITZPATRICK DIRECTOR 43026 RUNDLE TERRACE STERLING, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONSTANCE LAURENT-ROY DIRECTOR 1656 CHIMNEY HOUSE ROAD RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH MCCORMICK DIRECTOR 12105 STIRRUP ROAD RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KERRIE WILSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KERRIE WILSON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	7/12/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			